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The next Volume of the AMERICAN MEDICAL TIMES will commence on Saturday, the 4th day of January, 1862, and will contain, in addition to the usual variety of matter,

CLINICAL LECTURES ON THE DISEASES OF THE URINARY BLADDER.
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We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

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In looking over notes on this subject taken last year, I find a record of some facts of interest, and one case of complication of remittent fever which is of quite rare occurrence.

Six cases of this form of fever were received in the course of about one week from Aspinwall, by the steamer North Star, which arrived at this port on the 12th of July, 1860, after a passage of eight days, having remained at that place five days. The definite and often abrupt manner in which this fever makes its attacks enables us frequently to fix its period of incubation with some accuracy. Of these six cases, two were attacked two days before the arrival of the vessel; two on the day of the arrival; one four, and one seven days after the arrival. The period of incubation of this disease has been differently fixed by different writers, and varies between the two extremes of a few hours and several months; but in a large proportion of cases from this particular locality, the time varies from five or six to fifteen or twenty days, depending doubtless upon the extent and length of exposure to the poison in different cases, the degree of exposure to exciting causes of disease, as cold, errors in diet, excesses of different kinds, etc., and strength of natural constitution. Many are attacked a day or two before they arrive, but a larger number soon after they get on shore; but on this point I propose to collect more extended statistics in future.

Of these six cases, two proved fatal. The first of the fatal cases was that of a well developed man, thirty years of age, who was attacked with pain in the head, vomiting, and diarrhoea, one week before he entered the hospital, and who, when received, had a cool skin, and slow and weak pulse, with a strong tendency to collapse, which went on increasing until it terminated his life at the end of three days, notwithstanding the most active means were used to produce reaction. There was no delirium nor any convulsions, but his memory was impaired, and his mind labored heavily, and he found it difficult both to comprehend and answer questions. A similar case of impairment of the intellect, with marked tendency to coma, slow pulse, and cool skin, occurred in another case, a stout, well developed man, who entered the hospital on the 20th of July, but his symptoms gradually yielded to the persevering use of remedies, and on the 30th he was sitting up.

The second fatal case presented two complications, both serious in their character, and one of them very rare in its occurrence. These were convulsions and suppurative inflammation of the parotid glands on both sides, and of the cellular tissue about them. The convulsions took place three days after admission, which was eleven days after the attack of fever, and continued at intervals for about forty-eight hours, and then passed off, leaving him entirely conscious, and, as he said, without headache, and with a pulse about natural. On the following day, he complained of soreness under each mastoid process, which part was somewhat irritable and tender on pressure. His general condition was then good, and there was no return of convul-

sions. The swelling of the glands rapidly increased, so that at the end of two days there was great tumefaction on both sides, with severe dyspnoea, and considerable difficulty of swallowing. There was also at this time a tremulous state of the muscles of the hands and arms. Consciousness was perfect. On the day before his death there was marked tenderness on pressure upon the swellings, and a part of the surface was of a dull red color, and the aspect was that indicating the presence of matter underneath, though none could be detected by my colleague, Dr. Parker, who saw him by my request on that day. Nor did his symptoms at that time seem to be sufficiently connected with the mechanical effects of the swelling to warrant, in the opinion of Dr. P., any surgical interference.

On examination after death, both parotid glands, and also the surrounding areolar tissue, were found to be infiltrated with pus, so that it could be pressed out from them, although it did not flow out upon cutting into the parts. The spleen was large and soft, as it usually is in this disease, and the liver presented that bronze color which is considered pathognomic of bilious remittent fever, and one of the diagnostics between this and yellow fever, in which we have the light yellow or fawn colored liver. The kidneys and liver were both found fatty. There was moderate congestion of the brain, which probably occurred during the last hours of life. It is possible that the convulsions were connected with a fatty state of the kidneys, which was well marked, though there was no dropsical effusion at any time discovered, nor was the urine examined for albumen. It ought to be mentioned in connexion with this case, that he was ascertained to be a man of intemperate habits.

Cases of parotid swelling are not uncommon in typhus fever, but, according to my own experience, and so far as I can learn from others, they are extremely rare in bilious remittent fever. I can recall only one or two instances, among the rather large number of cases of this disease which my connexion with this hospital has afforded me an opportunity of seeing during the past thirteen years.

During the period included between the last day of August and the last day of October, of the present year, both inclusive, there have been received in the hospital thirty-eight cases of malarial disease, of which twenty-seven were cases of remittent fever, formerly called Chagres fever, and eleven were cases of intermittent. This number, although below the usual average for these months in former years, in consequence of the diminished supply from our southern states, has afforded a good opportunity of studying these diseases in different forms of severity, and in a variety of phases. Of these, seven cases of remittent, and one case of intermittent, were furnished by one steamer from Aspinwall, on the last days of August and the first four days of September, and ten cases of remittent, and two cases of intermittent, by another steamer from the same locality, between the 5th and 16th of September inclusive, making more than one half from the same place, by two steamers, within the space of seventeen days; and within four days afterwards two other cases of remittent were received from the same place by another steamer, making twenty-two out of the thirty-eight. The other cases came from different localities not noted down at the time of their entrance, and probably some of these were from that same fertile source of this poison.

Of the whole number of cases not one proved fatal. The twenty-two cases (nineteen remittent and three intermittent) received from Aspinwall during the last day of August and the 16th day of September, were nearly all discharged cured by the 1st of October, or within a few days afterwards, except one, in which the patient exhibited symptoms of phthisis during his convalescence from the fever, and was still in the hospital at the end of October, and all were discharged by the end of the month except seven; and of these, six were received on or after the 22d of October.* Three of the patients with remittent fever had

* Another one was discharged cured on the 2d of November.

a relapse and returned to the hospital for treatment, one within a day or two of his discharge, one at the end of six days, and one at the end of seven days.

Most of these cases were of a mild type, as might be inferred from the result of treatment, but there were a few threatening cases of collapse, and a few of a typhoid character. It was interesting to note the different forms and phases of the disease presented by those from the same steamer, and, of course, exposure to the same cause. In our first group of eight cases, we had, and nearly all in the same ward, seven cases of remittent and one case of intermittent fever; and of the remittent cases could be seen in one day a type case of the collapse form, a marked specimen of the typhoid form, a third just passing into the typhoid state, and others of the mild and simple type. One presented the peculiar anæmic complexion produced by the malarial poison, with a cool skin, slow pulse, moist and pale tongue, and partial hebetude from sluggish action of the brain, while others exhibited the hot skin, thirst, frequent pulse, etc., of the simple kind, and others the dry and brown tongue, rapid and feeble pulse, relaxed and moist, and sometimes cool skin, and the occasional delirium of the typhoid variety. There were no cases of convulsions among the whole, and but one or two cases of active delirium. The afternoon or evening exacerbations were well marked in most of the febrile cases. Quinine was the only remedy upon which reliance was placed, the use of which was commenced in some cases at once, and in all cases as soon as the condition of the patient would allow it. Preparatory treatment was used according to the indications, which varied in different cases. When the skin was hot and dry, spiritus mindereri, with or without sweet spirits of nitre, was given for a day or two before commencing the quinine. When there was irritability of the stomach, either with or without vomiting, sinapisms over the epigastric region, with small pieces of ice at short intervals, were usually found to allay this symptom. When the bowels were costive, and especially when the tongue was much furred, and the strength of the pulse was good, a dose of eight or ten grains of calomel was given, followed by castor oil, or some saline purgative. When the stomach and bowels were in a condition to receive it, quinine was given in doses according to the urgency of the periodic symptoms, varying from one or two to five grains every three hours, and sometimes every two hours for a short period. When the stomach would not retain it, and the symptoms were urgent, we have given it by injection, but did not have to resort to this mode of administration during the present season. Beef tea and chicken broth were given as soon as the stomach could receive and retain them. In the typhoid cases, stimulants were used more or less freely according to the urgency of the symptoms, in the form of either wine whey, milk punch, or brandy. When the skin was cold, the hot air bath was employed to assist in bringing on reaction. The quinine was always used in solution. When the periodicity of the disease ceased, iron, in combination with the compound tincture of gentian or of cinchona, was substituted for the quinine. The form which I have most commonly used is the ammonio-citrate, of which two or three grains are usually given, three times daily, in one or two drachms of one of the above tinctures. No instances of enlargement of either liver or spleen were noticed in any of these cases of sufficient importance to call for the special treatment necessary in such cases.

The case of phthisis referred to illustrates the importance of watching the convalescence of acute cases of disease to see that it progresses according to the usual laws of the disease. This patient had been carefully watched and pointed out as a specimen of the typhoid form of remittent fever, and had begun to convalesce from that. After a few days of marked convalescence, it was noticed that he was beginning to fall off. He appeared more feeble, his pulse was more frequent, he had a slight cough, and on examining for the cause of this retrograde state, auscultation revealed the existence of feeble respiration, prolonged expiration, and mucous crepi-

tus under the right clavicle, while percussion showed moderate dullness over the same part, a combination of symptoms which, especially in connexion with the rational signs, led to the diagnosis of incipient phthisis. He was immediately directed to take iodide of iron and cod-liver oil, and was apparently improving slowly at the end of October.

Original Communications.

PAPERS ON

MINERAL WATERS AND THEIR USES.

EMBODYING THE TWO DISCOURSES PRONOUNCED BEFORE
THE NEW YORK COUNTY MEDICAL SOCIETY.

By HANBURY SMITH, M.D.,

OF NEW YORK.

No. X.

For the congestive and catarrhal disorders of the cystic mucous membrane, and especially that congestion about the neck of the bladder in both sexes which gives rise to such tormenting dysuria, sometimes amounting to positive strangury, and which especially embitters the existence of its commonest victims—women about the turn of life—Marienbad, Kissingen, Vichy, and Carlsbad, have each their fields of usefulness. Where Kissingen agrees, I prefer it; and have seen again and again the most satisfactory results from its use. It regulates the bowels, effaces the hæmorrhoidal diathesis which lies behind most of these complaints, improves nutrition, and often restores robust health. There is a mild sulphur water, Weilbach, of admirable efficacy in this class of cases, where nothing stronger can be borne; and Adelsheidsquelle of Heilbrunn, iodo-bromuretted alkaline common-salt, also enjoys a high reputation. For example: "a gentleman suffered eleven years from painful dysuria and urethral discharge, of hæmorrhoidal origin, which had resisted all treatment. He had to get up several times of a night to walk the room, to obtain relief from the violent pains in the urethra and bladder; frequent involuntary emissions adding to his distress. He was completely cured by a course of Adelsheidsquelle, with an occasional use of Püllna (strong bitter magnesian) when his bowels were sluggish." I have successfully treated similar cases with the Vichy, Kissingen, and occasionally a week or two of the K. bitter, for the purpose of deriving from and somewhat depleting the portal system. Many of these cases, however, are rendered extremely obstinate by complication with derangements of the nervous system, especially the hypochondriasis connected with the diathesis, and the consequent tendency of the patient to concentrate his attention on the seat of his painful sensations.

In the hydro-mineral treatment of obstinate *blennorrhæa* in the male sex, we have little experience; it has been mainly conducted at certain sulphurous baths, the effect of which has been to reproduce the acute form of the disease, with subsequent cure. But in the class where the local disorder is kept up, or rather not cured, by reason of an anæmic condition, the stronger chalybeates are of acknowledged efficacy, and their internal use may well be conjoined with that of salt water baths, or of general and local douches. It should be borne in mind that the greater proportion of all superfluous saline material must necessarily pass off through the urinary organs, hence the importance of not overburdening or irritating them by a larger quantity than just requisite for the end in view, and that abundantly diluted. This consideration also helps us to understand the much greater value of some very weak waters than stronger ones in the treatment of the class of cases under review.

In considering the treatment of diseases of the uterus and its appendages, by means of mineral waters, we shall always have two important points to decide first: whether

the uterine disease—engorgement, erosions or ulcerations of the neck, uterine catarrh—is a consequence of previous constitutional derangement, hæmorrhoidal, scrofulous, or rheumatic; or whether its persistence has entailed a state of anæmia, dyspepsia, or other cachexia, opposing the cure of the primary disorder. With regard to the first class, there remains little to be added to the general principles of treatment already enunciated; I have only to enter caution against proceeding too vigorously, remembering the peculiarities of the organ we are treating. Thus the chalybeate common salt waters, otherwise so suitable to the cure of many cases, if pushed too fast or too far, would be very apt to occasion hæmorrhage. In the most irritable subjects, mild glauber-salt, moderately chalybeate waters, or smaller doses of Adelsheidsquelle, may be safely and very advantageously prescribed. In anæmic, chlorotic, or dyspeptic conditions the strong alkaline Vichy waters are largely prescribed by the French physicians. In dwelling on the way in which their reputation has been made, one must not forget the circumstances that Vichy is a French watering-place, a fashionable one, and one at which are not only extensive nosocomial institutions belonging to the state, but, during the season at least, some of the best physicians of whom France can boast. Even statistics from such sources do not tell the whole truth; and it is self-evident that in the last named class of cases the chalybeates and chalybeate alternatives are more surely indicated, as the Germans have abundantly proved. I will again quote in illustration from the papers in the *London Medical Times and Gazette*, March 23, 1861. "They (the waters of Kreuznach, chloride of calcium common-salt) seem almost to be a panacea in cases of chronic inflammation of the womb, the vaginal portion and the ovaries, which often causes the formation of neoplasms in those organs; also in that form of inflammation of the ovaries which follows parturition, and often produces sterility and a disposition to miscarriages. At the same time, the hysterical symptoms which almost invariably accompany such lesions, are cured. As displacements of the uterus often exist together with chronic inflammation of that organ, of course other remedies besides the springs have to be resorted to. Large fibroids of the womb cannot be expected to disappear; but if the waters are used for some time, not only are the troublesome symptoms produced by this disease relieved, but a further development of the tumor is prevented." The internal having in these cases been associated with an external use of the waters in the shape of douches and injections, we are left much in the dark as to the value of the remedy when used exclusively in the first-named mode. Rotureau observes that "the topical employment of the Kreuznach waters is of great service in all affections of the female sexual organs, in which it is desirable to give vitality and tone to the mucous membrane lining them, and of which the abnormally increased secretion often reacts in an injurious manner on a general health already too much debilitated."

The admixture of external with internal hydro-mineral treatment at Carlsbad, makes it equally impossible to estimate correctly the value of the remarkable waters of that station, as internal medicines, in uterine disorders. They enjoy a great reputation; and my own experience would lead me to expect more service from the internal use wherever there is a torpid state of system, or a rheumatic diathesis, while Kreuznach is indicated in the scrofulous. At the former springs, chronic ovaritis is almost always cured, ovarian tumors and cysts are discussed, or diminished; and in all cases great relief is obtained. The same is true of hypertrophy and fibroid tumors of the uterus, and simple engorgements of its body or neck, together with any menstrual disorders incident to either of these conditions. Its position and anatomical connexions would lead us *a priori* to expect that intimate connexion of affections of the uterus and its allied organs, with the hæmorrhoidal diathesis, which is illustrated every day by practical observations. Many a case of supposed disease of the womb, or even its appendages, is of hæmorrhoidal not uterine origin. Occa-

sionally it happens that persistent treatment removes the more evident uterine engorgement, while not being addressed to the *fons et origo* of the morbid state, the patient remains an invalid, and the doctor wonders why she does not get well. In fact, a relapse of the uterine affection is pretty sure to follow, unless the primary disorder be remedied. When this is done, and it is often only possible by the aid of mineral waters, then first is a true cure accomplished.

The *metrorrhagia* of the turn of life is singularly amenable to treatment by the Carlsbad waters; for if dependent on a change in the quality of the blood, due to a suppression of the accustomed menstrual discharge, this will be supplemented by increased activity of the whole apparatus of secretion and excretion, and the blood restored to a wholesome purity; if on hepatic congestion, as so common, that will be entirely relieved.

The *menorrhagias* are also under control by the same means; "patients who at the commencement of the cure could not take the slightest exercise without experiencing an increase of hæmorrhage, at the end take long walks afoot with impunity."

Dysmenorrhœa is equally amenable to thermal treatment; but the cold chalybeate, common-salt waters are preferable in the majority of cases, as more manageable, less dangerous, and requiring less care after the cure. There are some cases, however, especially if occurring in the rheumatic diathesis, which, resisting most other waters, yield to the use of Carlsbad alone.

In cases of *amenorrhœa*, whether of suppression or merely undeveloped functional activity, the constitutional condition affords the guide to practice. The latter form is almost invariably a sign of want of vigor, and requires the ferruginous common-salt waters, which may be called specific in such cases; and the more rich in carbonic acid gas, the more efficacious will they be found. Where the irritability is excessive, it may be necessary to premise a sedative treatment, with Marienbad or Egra for example. The first named form requires more nice discrimination of causes, and consideration of possibly co-existing pathological conditions, requiring perhaps sedative, perhaps derivative treatment. In either case, general principles will readily afford a guide to the choice of water.

The term *leucorrhœa* is applied to a range of disorders, probably in essence always catarrhal. Like similar affections of the respiratory mucous membrane, they may succeed previous acute inflammation, or be a local development of some general diathesis, as the scrofulous or hæmorrhoidal. It may be also symptomatic of organic lesion, or it may be supplemental to the menstrual discharge, that is, be of the nature of a flux. Little need be added regarding the choice of waters. The alkaline, soon followed by the strong ferruginous common-salt, or the strong bromo-iodureted, is a good routine. The first increase but render thinner the discharge, and, as it were, direct the efforts of the *vis medicatrix* to the desired locality; the two others derive and strengthen, and correcting morbid states of constitution, put nature simply in a condition to effect the delayed cure. In the case of high colored plethoric women, care is requisite in prescribing chalybeates; a magnesian bitter every morning, and Vichy during the day is appropriate, at least until no further progress is made, when a cautious use of the former may be commenced. Carlsbad proves of great service in these cases, and there are few of our American women with whom Kissingen does not agree and prove curative.

DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, JR., M.D.,

PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, CONSULTING PHYSICIAN TO THE NURSERY AND CHILD'S HOSPITAL.

(Continued from Page 399.)

SINCE the last record Case LXXX has remained perfectly well. Soon after that report she took chloroform for a

dental operation involving destruction of the nerve in a molar tooth. Perfect anesthesia was induced without the slightest unfavorable effect. A case precisely similar to this is recorded by Dr. Snow, in which no anæsthetic was used. (Snow on Anæsthetics, p. 329.)

CASE LXXXI.—Forceps for Delay—Still-born Child—Death of Child and Difficulty in Delivery believed to have been due to the Encircling of the Neck by the Funis.

Margaret Bradley, single, æt. 26, first pregnancy. In labor from Feb. 12th, at 2 P.M., until Feb. 15, 1861, at 1.45 P.M. Presentation L. O. A. First stage forty-eight hours; second, twenty-three hours and forty minutes; third, five hours. Still-born male child, weighing seven and a half pounds. Bellevue Hospital, Drs. Mason and Rives, House Physicians.

This patient stated that the waters had dribbled for several weeks before delivery, though great confidence was not placed in any of her assertions. The fetal heart was last heard in the evening of the 14th, and could not be detected in the careful examinations made subsequently to that time. No movement of the child could be appreciated for twenty-four hours before delivery. As it was evident that there was nothing more to be expected from the uterine efforts, I decided upon delivering her with the forceps. The three days of labor had not produced exhaustion, nor evidences of danger to maternal tissue, but the head absolutely failed to advance. The hand introduced well within the vagina showed that the head was in the superior strait partially through the brim, and not wedged, impacted, or arrested by any condition depending on faulty ratio of size between it and the maternal pelvis, or by any cause which could be appreciated. The mother's abdomen seemed of greater size than is usual with children of this weight. The forceps were readily introduced in the customary manner in such positions—one blade in front of the left symphysis, the other behind the right acetabulum, and readily locked, though their relations to the oblique diameter of the well-developed fetal head required that the pivot should be pushed to the highest hole. The first tractions were promptly successful in completing descent and rotation, but they had to be very forcible to draw the head well on the perineum. This appeared to me to be a perineum very likely to tear, and I accordingly withdrew the forceps in accordance with Madame Lachapelle's advice (though in my experience this is of the rarest necessity), and completed delivery of the head with the aid of two fingers in the mouth and firm traction on the superior maxillary bone. The funis was twice around the neck and entirely pulseless, so that no doubt was left concerning the death of the child, and I drew forcibly on the head without advancing the body. Introducing my hand within the vagina, I found the shoulders in the brim, and drew down the posterior arm with much effort, fracturing it designedly to facilitate the manœuvre, after which the delivery was effected and the placenta came away almost immediately. The perineum was now found lacerated in a jagged manner, so as to slightly involve the lower part of the septum. This occurred subsequently to the withdrawal of the forceps, and was immediately sewed up with silver wire, but without the slightest effort at repair. The action of the sphincter ani was entirely unaffected. The scalp, face, and ears of the child were livid from congestion, the marks of the funis white, and the skin below of the ordinary color. No examination made of brain. Funis one yard long.

In this case it has always seemed to me that the delay occurred from retention by the funis, the gradual tightening of which during the labor I believe to have caused the child's death. In support of this view, I point to the evidences of strangulation observed in the child, and the steady increase of tractive force required as the fœtus was advanced. The difficulties depended on no disproportion of size or faulty position of head, shoulders, arms, or any other part of the body, as these points received my full attention during the manipulations described, nor was there any spasmodic irregular contraction of uterine fibres.

Especially did I examine the position of the arms preparatory to deciding on bringing one of them down in the manner described, as the displacement behind the neck was forcibly brought under my observation by the kindness of Prof. Simpson in taking me to the case described in the *Edinburgh Monthly* for April, 1850. The length of the cord in this case would seem to have been sufficient for a natural delivery, but it is probable that even a funis of such length may prove a cause of delayed labor. It requires about twenty inches of funis to furnish two coils for the neck, and the remainder may very well be so disposed around the child's body as to impede the advance of the head, especially if the placenta should be attached to the fundus uteri. The mother died September, 1861, in the hospital, from an attack of diarrhoea, her health never having been restored after her confinement. There is no history of her case.

CASE LXXXII.—Prolapse of Funis—Fate of Mother and Child—Interesting Autopsy of Child—Intra-Uterine Ascites and Hydrothorax—Apoplexy.

Mary Mathews, æt. 27, married, fell in labor for the fourth time on the 10th of Nov., 1861, at 2 P.M., in Bellevue Hospital. Previous labors natural. At 6 P.M. the membranes ruptured and the cord prolapsed. The House Physician, Dr. Vedder, could not readily succeed in replacing the cord, and sent for me. I found the patient placed in the position recommended by Dr. T. G. Thomas, of this city, with a large loop of pulsating funis in the upper part of the vagina. The os uteri was fully dilatable, the arc of the parietal bones just dipping within the brim of the pelvis, and the fetal head quite movable. Pelvis well formed. My first care was to determine from which side the funis prolapsed, a point in my opinion of practical importance; since by endeavoring to return the loop on the opposite side it might thus be tightly drawn over the presenting part of the child, and danger follow, even though on that side there might be a greater amount of space between the presenting part and the pelvic brim. Finding that the cord had prolapsed on the left side of the pelvis, I proceeded with great gentleness to press it down the inclined plane, and succeeded in doing so to the level of the pelvic brim, when, as in two other of my published cases, it was again driven up hill into the vagina by a strong uterine contraction. Leaving the woman in the same position, I prepared myself to deliver promptly with the forceps if the manipulation should fail, and this notwithstanding the position of the fetal head. Re-introducing, as before, my entire hand within the vagina, I again gently recommenced the manœuvre, and this time pushing the head to the right side of the pelvis carried my hand beyond the cranium, and only left the cord when on a level with the fetal chin. Before dropping it, as is always my custom, I satisfied myself by pressure between the fore and middle finger that the pulsations were good and strong. It did not again prolapse. On the 11th, at 4 A.M., the fetal heart pulsations were distinctly heard by Dr. Vedder—eight hours after the replacement. At 2 P.M. of the same day she was delivered by very powerful uterine contractions of a still-born male child, weighing nine and a half pounds, and splendidly formed. Dr. Vedder states that there was a long interval between the birth of the head and that of the shoulders, as there often is in these labors where very powerful uterine contractions have been necessary to force the head through the straits, and as the shoulders came into the world Dr. V. remarked that the funis was doubled and placed in front of the breast. Length of cord normal. Placenta normal. Microscopic examination by Prof. A. Flint, Jr. Dr. V. inflated the lungs, but to no purpose. I saw the child two hours afterwards, when its head was markedly livid, and on flexion fluid blood ran from the nose. On the following day an autopsy was made in presence of the class by Dr. Teats, Assistant Curator of the Museum, and in order to diminish as far as possible all appearances of cerebral congestion, I requested him to open the other cavities first. When the peritoneum was opened,

it appeared to be about half full of a sero-sanguinolent fluid containing no lymph or pus. There was no false membrane anywhere within the abdomen, the organs of which appeared healthy, with the exception that the liver was somewhat darker than usual. Both pleurae and the pericardium were from one third to one half full of a similar fluid, without token of other inflammatory action. The lungs crepitated, and the thoracic viscera were well formed and healthy. Dr. Vedder had inflated the lungs. The child never gasped. On removing the calvarium and dura mater, the scalp was found to present the customary congestion and jelly-like appearances in the caput succedaneum. No effusion between the cranium and dura mater. Vessels of convex surface of hemispheres remarkably congested and a thin sheet of currant-jelly-like blood posteriorly over the convex surface of each hemisphere. The same extravasation had occurred at the base over the lower part of each posterior lobe; but there were no other clots, though the puncta vasculosa, choroid plexus, and all the cerebral tissues witnessed to the violence of the congestion.

The case affords a happy illustration of the success which will attend the patient use of the manœuvre proposed by Dr. T. G. Thomas, and although unsuccessful is not the less adapted to prove its advantages in a class of cases in which the majority of practitioners would be unwilling or unable to resort to instrumental delivery. In considering whether, in such difficult cases, a porte-cordon might not prove of assistance in the necessarily deep depression of the cord, I incline to the belief that the advantages would be more than counterbalanced by the deprivation of the power to determine at the last moment whether or not the pulsations continued. If, however, a case should chance to occur in which the cord had to be carried thus deeply within the uterus, and the presentation interfered with proper manipulation, the porte-cordon might prove useful.

The cause of the effusion into the thorax and peritoneal cavity, and the period of its occurrence, are problems not easy of solution. It is not likely that the cord suffered any great compression during the time of its prolapse, nor during that required for its reposition, while such pressure as it might have been subjected to would of course have been materially expended on its vein, and have thus deprived the child of blood, and diminished the tendency to congestion. The apoplectic effusion probably occurred during the passage of the head through the outlet, when Dr. Vedder remarked that the expulsive pains were as strong as he should ever expect to see them, and all their force needed; or it might have occurred after the birth of the head, during the interval which elapsed before the birth of the shoulders—or from both of these causes combined.

If the effusion be admitted to have occurred during intra-uterine life from causes not entirely appreciated, then certainly the case affords a happy illustration of the value of post-mortem examinations of still-born children, as otherwise such a condition must have passed without suspicion—if indeed the death were not simply assigned to prolapse of the funis. The mother died from puerperal fever, which then existed in the hospital.

ENGORGEMENT OF THE BRONCHIAL GLANDS IN ADULTS AS A CAUSE OF ASPHYXIA.—M. Fossagrives having presented to the Société Médicale des Hôpitaux an essay on this subject, M. Woillez gives a report thereon, embodying an outline of the essay. In children, engorgement of the bronchial glands is of tuberculous origin—it is bronchial phthisis, which may, however, be simulated in exceptional cases by enlargement of the thymus. But in adults, independently of various tumors in the mediastinum, the bronchial glands may be hypertrophied or engorged without tubercular influence. Four forms are described:—1. Tubercular engorgement; 2. Melanic hypertrophy; 3. Hypertrophy of the tissue of the glands; 4. Cancerous engorgement.—*Brit. Med. Jour.*

Progress of Medical Science.

PREPARED BY P. F. C. DESLANDES, M.D.

OF THE SOLUBLE PREPARATIONS OF CHLOROFORM AGAINST BILIARY CALCULI AND HEPATIC COLICS.

FOLLOWING the example of Durande, practitioners have often used ether mixed with the essence of turpentine against biliary calculi. The therapeutic effects of Durande's mixture have been variously explained; some attributed these effects to the dissolving chemical action of the mixture on the elements of the biliary calculi, others to the anti-spasmodic action of ether, and lastly some to the result of these two modes of action combined. We summed up and discussed these diverse opinions, six months ago, on the occasion of a case of biliary calculus in the service of M. Briquet at La Charité.

However it be of the way of acting of this remedy, it is certain that it has given in practice results satisfactory enough to induce some physicians to try, by new improvements, to insure the future of this method. Such is particularly the end M. Bouchut had in view in substituting chloroform for ether in the composition of the mixture in question.

M. Bouchut has ascertained by experiment that chloroform and ether, in equal doses, dissolve unequally the calculi submitted to their action in a vase. He has found out that in twenty-four hours half a yellow biliary calculus has been dissolved by 3 ss. of a solution of chloroform, forming a deep yellow liquor, whilst the other half of the calculus, placed in a solution of ether, was hardly attacked, and the liquor almost colorless.

This result has induced M. Bouchut to use the aqueous solution, and the elixir of chloroform in hepatic colics due to biliary calculi, and in the only case in which this remedy has been used, its action seemed to have been quite successful. This is the case:

M. V., of a sanguine temperament, had never been sick, when in 1857 he was attacked with a diarrhoea which lasted several months, and obliged him to follow the most strict diet. He was cured in 1858, when he was taken with a violent attack of gastralgia, without fever, with mucous vomiting followed by a little jaundice. The attack lasted two days, and disappeared.

New attacks very similar returned at a few months' interval, for a few days, giving rise to some tenderness of the epigastrium, and momentary general disturbance.

In the month of November, 1860, for the sixth or seventh time, sharp epigastric pains irradiating to the right hypochondrium, came on suddenly during the night. They were accompanied by great tension of the abdomen, and increased by pressure. Their intensity was such that the patient rolled about in bed uttering cries. They ceased sometimes for a few minutes, and reappeared shortly after with the same violence. Efforts of vomiting brought out a small quantity of mucus. The face was pale, deeply altered, the eyes hollow, and a slight yellow tint covered the sclerotics and the skin; no passage for two days; tongue natural, thirst rather frequent, no fever.

These pains lasted two days, and were calmed by opium in different forms. After they had ceased the patient was placed to the use of the syrup of chloroform so as to take 3 ss. of chloroform in a month. The remedy was then interrupted, and replaced by the Vichy water. At the end of a month the Vichy water was replaced by the chloroform, to the dose of grs. xv. a day, which was continued again for a month to be thus given up and resumed from month to month until this day.

The disease for seven months that this treatment has been instituted has given no sign of its existence.

M. Bouchut's researches on the therapeutic effects of chloroform taken in the interior have not been limited to the

treatment of biliary calculi; in a little work he has just published on this subject he mentions a series of experiments which, although they do not attain the end he had in view, have nevertheless given results worthy of interest.

Being desirous to verify what has recently been written on the solution of chloroform in glycerine as a proper means to facilitate its use internally, he has found that chloroform is not dissolved in that agent, where it remains in suspension. But it dissolves very well in alcohol, to the proportion of one part for eight. With this solution M. Bouchut has had a syrup of chloroform prepared as well as a wine and a water to be used internally as a drink or injection. These diverse preparations tried on persons in good health and on sick ones have never produced anesthesia, but by their action on the nervous system it has seemed to him that they might have some useful applications. He has administered them by the mouth or the rectum, to patients suffering from chorea, epilepsy, and neuralgia. Of four cases of chorea thus treated for a few days, one has derived marked advantage; of three cases of epilepsy, one has momentarily lost the symptoms of the disease. In several cases of neuralgia there has been a complete cure.

The following are M. Bouchut's soluble preparations of chloroform:

Chloroform ptisan.—Chloroform, grs. xv.; alcohol, grs. cv.; water, Oj. $\frac{3}{4}$ —xv.— $\frac{3}{4}$ — $\frac{1}{4}$ xlvi. To take by glassful in the twenty-four hours, against hepatic colics, chorea, hysteria, epilepsy, and nervous diseases.

Vichy water with chloroform.—Chloroform, grs. xv.; alcohol, grs. cv. For one bottle of Vichy water, against hepatic colic.

Syrup of chloroform.—Chloroform, $\frac{3}{4}$ ijss.; alcohol, $\frac{3}{4}$ ij.— $\frac{3}{4}$ v.; simple syrup, lb. j. To take by tablespoonful, from three to six in the twenty-four hours. Hepatic colics and nervous diseases.

Chloroform mixture.—Chloroform, grs. xv. to xxx.; alcohol, $\frac{3}{4}$ ss.; gummy julep, $\frac{3}{4}$ iv. To take in the twenty-four hours, in the same cases as above.

SUPPLY OF ATMOSPHERIC AIR TO PUBLIC BUILDINGS.—The Commission appointed to report on the question of warming and ventilating the Palais de Justice, Paris, comes to the conclusion that the following quantities of atmospheric air should be supplied per hour for each individual placed in the respective localities: Hospitals, day and night, 80 cubic metres; during the period of dressing the surgical patients, 120 metres; and during an epidemic, 150 metres. Laboratories, 60 metres. Barracks, during the day, 30 metres, during the night, 60, and during epidemics, 120 metres. Prisons, 60 metres. Amphitheatres, theatres, and assembly-rooms, 60 metres. Schools, 30 metres.—*Presse Belge*, No. 48.

A WORD OF CAUTION TO THE WEARERS OF ARTIFICIAL FLOWERS.—Arsenite of copper has of late years been extensively used as a coloring material in various articles of commerce. The consequence of this has been that those who are employed in the manufacture of those articles, as well as, in many cases, those who have made use of the manufactured articles, have suffered from the effects of arsenical poisoning. In France and in Germany, the attention of the authorities has been called to the serious injuries inflicted on the health of those employed in these manufactures, and means have been taken to protect the workmen against the dangers attendant upon their work.—*Brit. Med. Jour.*

L'IMPARTIAL DU NORD informs us that, on Oct. 29th, seven soldiers ate a number of mushrooms which they had gathered in a wood near Mauberge. They were immediately taken ill; six of them died, and the seventh was in a fair way of recovery. On Oct. 21st, we also learn that an artist, M. Lucien, and all his company, very nearly fell victims to a similar repast which they had made on the road from Boir to Ussel.—*Brit. Med. Jour.*

American Medical Times.

SATURDAY, DECEMBER 28, 1861.

THE EVENTS OF THE YEAR.

IN closing the year we cannot forbear alluding to some of the more important events which have occurred in the history of our profession. Though not numerous, yet some are to have a lasting influence upon its future progress.

The first, and perhaps the most noticeable, is the contribution which the medical profession has made to the volunteer army, in defence of the Union. It is estimated that there are now not less than *fourteen hundred* surgeons in the U. S. Army, gathered from every section of the loyal states. While this corps is for the most part made up of recent graduates and young practitioners, it is nevertheless true that along the ranks are found many old and reputable physicians, who have exchanged large and lucrative practices, and honorable positions in society, for the less remunerative service of Government and the privations of camp life. The impulse of patriotism which has moved our brethren to these personal sacrifices should command our profound regard. They confer upon the profession to which they belong an honorable distinction among the various classes of citizens who have responded to the call of their imperilled country. In this connexion we cannot forbear to pay a passing tribute to the surgeons who have so manfully stood by their wounded and suffering in the hour of defeat, and have paid the penalty of their heroic devotion to duty by becoming prisoners of war. Brighter examples are not recorded on the fairest pages of history. No rewards are too great for their self-sacrifices, and no praise too fulsome for their humanity in the moment of trial. Many of them have been allowed to return again to civil life, while others have been consigned to inhospitable prisons, the next remove from which is the grave itself. Already one has yielded to the fate that awaits his companions.

The adjournment of the annual meeting of the National Medical Association was an event of some importance to the profession. For nearly a decade and a half had these sessions been annually held, and the good influences which they had exerted were every year more perceptible. The meeting in June was to have been in the commercial centre of the Great West, and many were the anticipations of a pleasant and profitable session. However necessary it may have been at that exciting period to omit the annual meeting, we have now become so accustomed to the din of war, that we trust the meeting in June, 1862, will soon be ordered at the same place.

The necrological records of the past year contain the names of many distinguished members who have left behind them examples of rare devotion to medical science, and the cause of humanity. Of the seniors the name of FRANCIS will ever stand prominently forward in American medical history. He was in many respects the best type of a versatile yet thorough and comprehensive mind which the medical profession can boast—being about the only link between our profession and the collateral branches of science, art,

and literature. His death has left a void in the profession of this city, which will not soon be filled. Of the junior members who have died, the name of FOUNTAIN will now and ever be mentioned with the most sincere and heartfelt sorrow. In him were united genius and daring in an eminent degree. Whatever task he set his hand to was prosecuted with that energy and determination which overcome all obstacles. He fell a martyr, not to his love of experimentation, but to his unconquerable desire to establish beyond cavil, disputed points in the ever doubtful science of therapeutics. In his person, and at the expense of his life, he proved his own theory incorrect, and with his latest breath bequeathed to the profession the solution of the problem which had just been presented for its consideration. He left, however, a richer legacy to his brethren, in his example of untiring industry in the pursuit of truth.

The paralysis which has prostrated all literary pursuits has fallen heavily upon medical literature. Few medical books comparatively have been issued from the American press during the year. Works relating to military surgery have been somewhat numerous, and have met a remunerative sale, but there has been a decrease of original works, and also of reprints. The war has been especially fatal to medical journalism. We commenced the year with no fewer than thirty-five American medical journals on our exchange list, and we close it with but ten; the remainder we have reason to believe have been discontinued. Although it is undoubtedly true that there have been too many periodicals, still we can but consider it a misfortune to the profession that its periodical literature should have been so generally destroyed. Appeals to medical men for support at such times are altogether unavailing; the whole current of thought and interest is directed into other channels, and it is all in vain to attempt to divert it to the more ordinary duties and obligations of business. The political excitement of the times, the novelty of war, and the almost hourly succession of momentous events, have changed the whole tenor of every day life. Medical subjects and medical periodicals have appeared comparatively dull and uninteresting, however full of scientific matter. To complete the misfortunes of publishers we must add the loss of large numbers of subscribers at the South, and the enlistment of hundreds of Northern readers in the army, whose shifting regiments prevent the regular receipt of the mails. Those medical journals which maintain their regular issues in spite of such reverses deserve the encouragement and liberal support of the profession.

Finally, the organization of the Sanitary Commission, having as a basis a medical element, completes the record of events, for the year 1861, particularly interesting to our profession. We need not dwell upon its aims, and the results, thus far, of its labors. They are creditable in the highest degree to the far-seeing philanthropy of its projectors, and the energy with which they proceed to their accomplishment.

Such are briefly the principal medical events of the year 1861. Who dare lift the veil that conceals from our present knowledge the events of 1862!

THE WEEK.

MANY of our readers will remember DR. STEPHEN GRISWOLD as a reputable young practitioner of this city, residing in Hudson street, and long connected with the Northern Dispensary. He was appointed Assistant Surgeon of the 38th

Reg. N. Y. Vol., was taken prisoner at the battle of Bull Run, and after remaining at Richmond for a time, was sent to Charleston, where he died in the common jail of typhoid fever, Nov. 30, in the thirty-fourth year of his age. DR. GRISWOLD was a man of active temperament, of social habits, and had acquired a large influence in the Ninth Ward. He was one of the founders of the New York Library Association in Abington Square. His death under the present circumstances is deplorable.

A CORRESPONDENT of *The Protestant Churchman*, a religious paper, which does not advertise quack medicines, writes from Port Royal as follows. The person mentioned was a former resident physician of Bellevue Hospital:

"The men, in digging out anew a bomb-proof passage in the works, discovered a body, buried in the sand. A case of instruments, found in the hand, with bandages, etc., showed that it was a surgeon. On his handkerchief was the name of Buist; the same name is found on some medical books in the hospital. It is believed to have been a surgeon, formerly of the U. S. Army, who resigned to enter the service of the rebels. He was a man of high standing in his profession. It is evident that he was sitting on his camp-stool, in the bomb-proof passage, waiting to be in readiness when he was needed. A shell penetrated the bomb-proof to the timbers, and exploded directly above him, killing him, and burying him in the same instant. A gold watch was found on him, and his dress indicated affluence. One of his professional brethren gathered up his effects, and severed a lock of his hair, designing to send them across the lines to his family. We carried the body to a quiet spot in the woods, and there, by the twilight, a grave was dug, at the foot of a large tree, in a spot easily identified, a musket-box served as a coffin, and we gave him a christian burial. Those men he deemed his enemies mourned over him, and prayed for his bereaved home, remembering Christ's precept, to pray for them that hate us."

DR. TRIPLE, Medical Director of the army of the Potomac, has made arrangements for the care of a large number of patients, whose condition may permit their removal from Washington and Baltimore to Philadelphia. A friend in the latter city writes: "The military hospitals here are now ready for the reception of patients. There are five of them, with an aggregate capacity for 1500 beds (640, 250, 275, 250, 80). The buildings, leased for the purpose, have been judiciously arranged." This provision for the removal and proper care of patients at a distance from the crowded hospitals on the Potomac, is an act of prudent foresight; and from the present aspect of affairs, connected with the expeditionary corps on the southern coast, the extensive prevalence already of diseases peculiar to that coast and to the army, it will be wise policy for the Government to make provisions in the port of New York similar to those it has completed in Philadelphia, for such patients and invalids as may need to be removed homewards. As this is the principal port of departure and return for all the steamers and transports connected with the southern coast expeditions, ample provisions should be made for the return and proper care of their disabled men in the immediate vicinity of the bay of New York.

A COMMITTEE of the Academy of Medicine, headed by DR. DETMOLD, recently waited upon the surgeons of the French fleet now in the harbor of New York, and exchanged with them professional courtesies. Subsequently the surgeons of the fleet were entertained at DR. ANDERSON'S, and the New York Hospital.

Correspondence.

FOREIGN CORRESPONDENCE.

PARIS.

LETTER FROM C. Y. SWAN, M.D.

Nov. 17th, 1861.

It is quite evident that French doctors ignore the usual superstitions we still attach to hangman's day, for on last Friday took place the opening *séance* of the École de Médecine. I might say also, they ignore equally as well the sacredness of our Sabbath, for on that day, a few weeks back, was held the meeting of the National Medical Society.

This convention was exceeding interesting to witness, as it was composed of over three hundred of the picked men of France. M. Rayer, who is physician to the Emperor, and who looks so much like a North American Indian, presided, and the business of the society was accomplished with becoming dignity. Occasion was taken to anathematize quacks and homeopaths, good and strong, just as we do it, and after all the noble doctors adjourned to meet over a good dinner at the Hotel de Louvre, twenty francs the plate. Dr. Locock of London, was present, and gave one hundred francs to the bank of the society.

The commencement ceremonies are very different from ours; with us an occasion for giving instruction and good counsel, is here only a ridiculous merry-making affair. The time for the opening of the doors was one o'clock, but long before that hour the Place de l'École de Médecine, was thronged with Medicos from every clime, of every shade, age, and temperament that is possible to be imagined. The authorities, I am told, deal lightly with their delinquencies as a body, and in availing themselves of this comparative exemption, I fancied that I never got in a crowd where there was more hooting and yelling and unmannerly conduct in general. Finally, the gates opened, and when all were seated that could be in the amphitheatre, I expected peace, but, on the contrary, disorder continued until the entrée of the Janitor, holding in his hand the staff of Mercury, gave a new phase to matters. The students, some twelve hundred in number, with one accord, began chanting a kind of dead march, to the air of which twenty professors and as many *agregés*, in their brilliant robes, kept excellent step and filed into the arena where were their seats.

When the last professor had taken his seat the music subsided as if conducted by a Julien, and M. Dubois, the president, arose to make a statement which never reached to mortal ears. He was followed by M. Moquin-Zandon, who had been selected to deliver an eulogy on M. Dumeril, who had died within the year leaving vacant the chair of Natural History. The eulogy, that I have since seen in print, seems so different from that as delivered, that I can scarcely believe them the same. The conduct of the auditors was truly surprising to me, as at times it was impossible to hear even the voice of the lecturer amid the noise and confusion which prevailed. Nor was the authority of the President sufficient to check this show of disrespect to the lecturer, and the majority seemed, by their behavior, to take the whole as a matter of course. Some prize medals were then distributed, and the ceremony ended. Nothing was said or done but the reading of the eulogy, and I am told that nothing more is customary. As to how they do when no professor dies within the year, is not known; at all events, such a failure has not occurred in ten years. Old Velpeau, in particular, seemed sad and much annoyed by the misconduct of the students, and it is more than probable that he was thinking about the eulogy to take place after his own departure, and as to whether his memory would be treated with similar disrespect. He can barely expect better, as he has attended some fifty such affairs without ever

probably witnessing any different or more respectful behavior.

In a recent conversation with Prof. Armsby of Albany, I learned that the itch prevailed to some extent among our soldiers, and as he doubted if the speedy method of cure as here practised was in general use, I beg leave to recall it to your knowledge.

It is about the only skin affection, upon the treatment of which the men of St. Louis Hospital agree. Bazin made the first progress a few years ago by contracting the time to two days, but Hardy followed fast, and now demands only one hour and a half to make *certain* cures. The Hospital administration are thus saved a considerable expenditure by such expeditious treatment, as none so afflicted are taken in. Saturday is the great itch day, and I have seen as many as sixty patients in one room, all nude, rubbing gaily their bodies and by turns their neighbor's back, to which he cannot himself do justice with soft soap (*savon noir*). This is called the *friction préparatoire*, and lasts for half an hour. The master of ceremonies, holding an immense baton, takes care that each performs well his rôle. The second part is to give them a half hour hot bath, which removes the dirt and softens the skin, and the third part, which is of the same duration, is to make general friction with the following pomade:—Axonge, 300, soufre, 50, sous-carb. de pot., 25. This ointment is allowed to remain on the body until the following day, for the purpose of disinfecting the patient's clothes.

Apologos, I might mention that an American is about to translate the very excellent work of Bazin on Parasites.

Medical News.

CALL OF PROFESSOR MOLESCHOTT TO TURIN.—The Minister of Public Instruction of the new kingdom of Italy, said to be an old friend of Professor Moleschott, offered this distinguished physiologist the choice of the Chair of Physiology at Turin University, or that of Physiological Chemistry at Pisa. As the former school numbers about 2000 students, and the latter about 200, it is not surprising he chose Turin for his sphere of action. A Dutchman by birth, but a distinguished German Professor for some time past, his appointment has been looked upon with extreme dislike in Italy, where the Germans are in such disfavor; but none of the Italian candidates for the post could pretend to vie with Moleschott in scientific reputation.—*Med. Times & Gaz.*

THE TREATMENT OF CHILD-BED FEVER.—In an epidemic of child-bed fever, which occurred some time ago in the obstetrical clinique of Professor Von Ritgen, the following plan of treatment was adopted, with exceedingly beneficial results, as even cases of the utmost severity were cured under its influence. At first $\frac{1}{4}$ th of a grain of morphia was given, and this dose repeated two, three, or even four times a-day, according to the violence of the abdominal pain. An hour after the dose of morphia, a mixture of camphor was administered (R Camphor. \mathfrak{ss} ., gummi mimos. \mathfrak{z} j., Aq. chamomill. \mathfrak{z} ijj., liq. ammon. acet., sacch. albi, aa, \mathfrak{z} j.); an hour after this the patients took one grain of quinine; then another dose of morphia, and so on, until the symptoms decreased, which was the case with all patients hitherto treated in this manner.—*Med. Times & Gaz.*

SCIENTIFIC REWARDS TO PHYSICIANS.—The lifetime of labor which Dr. Carpenter has bestowed on physiological science will meet with a public recognition in the bestowal of one of the Royal Medals at the disposal of the Council of the Royal Society at the approaching meeting. The immediate reasons set forth for the award are Dr. Carpenter's well-known researches on the Foraminifera, and on the Structure of Shells, as well as continued physiological research.—*Lancet.*

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TO CORRESPONDENTS.

The following papers are on file for early insertion:—"On the Mechanism of Face Presentations," by Dr. Joseph Martin. "A Case of Lesion of the Urethra," by Dr. E. Arnold, of Yonkers. "A New Extension Splint for the Treatment of Morbus Coxarius," by Dr. Joseph H. Vedder, of Flushing. "Cases in Military Surgery," by Dr. Wm. O'Meagher, 35th Reg't N.Y.V. "Hypertrophy and Dilatation of the Heart," etc., by Prof. Charles A. Lee, of Peekskill. "Lithotomy in Children," by Dr. Charles K. Briddon. "Difficult Obstetrical Cases," by Prof. Geo. T. Elliott. "On certain of the Accidents which may follow Vaccination," by Dr. Henry M. Lyman. "On the Present Status of Psychological Medicine," by Dr. I. Parigot.

MEDICAL DIARY OF THE WEEK.

Monday, Dec. 30.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Tuesday, Dec. 31.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Jan. 1.	{ NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1s, Hos., half-past 1 P.M.
Thursday, Jan. 2.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Jan. 3.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M. ACADEMY OF MEDICINE, half-past 7 P.M.
Saturday, Jan. 4.	{ NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE will hold its next meeting on Friday Evening, 3d of January, instead of Wednesday.

The discussion on DR. BARKER'S paper "On the Use of Anæsthetics in Midwifery," will be resumed.

Private Instruction in Auscultation,

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